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VIA FACSIMILE: (571) 273-8300

DEC 19 2005

PATENT
KEL01 P-136

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group Art Unit : 3618
Examiner : Vaughn Coolman
Applicants : Martin McVicar and Robert Moffett
Serial No. : 10/500,643
Filed : July 1, 2004
For : FOUR-DIRECTIONAL FORKLIFT TRUCK

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Via Facsimile: (571) 273-8300

Dear Sir or Madam:

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being facsimile transmitted to the Patent and Trademark Office on the date shown below:

1. Claims As Amended Transmittal Sheet (1 page, in duplicate)
2. Response (7 pages)

YOU SHOULD RECEIVE A TOTAL OF 10 PAGES.

Date: December 19, 2005

Susan L. Gasper
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Grand Rapids, Michigan 49588-8695
(616) 975-5500

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Dear Sir or Madam:

Transmitted herewith is an amendment in the above-identified application.
 The fee has been calculated as shown below:

CLAIMS AS AMENDED

| | Col. 1 | Col. 2 | Col. 3 | Small Entity | Other Than Small Entity | |
|---|----------------------------------|--------|---------------------------------|----------------|-------------------------|---------------|
| | Claims Remaining After Amendment | | Highest No. Previously Paid For | Present Extra | Rate | Add'l Fee |
| Total Claims | * 6 | Minus | ** 10 | = 0 | x \$25 | \$ 0.00 |
| Independent Claims | * 1 | Minus | *** 3 | = 0 | x \$100 | \$ 0.00 |
| First Presentation of Multiple Dependent Claims | | | | \$180 | \$.00 | x \$360 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | \$ 0.00 | | \$.00 |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

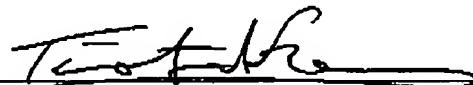
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- Small entity status of this application has been established.
- No additional Fee is required.
- A check in the amount of \$ _____ is attached.
- Please charge any additional fees or credit overpayment to Deposit Account No. 22-0190.
 A duplicate copy of this sheet is attached.

VAN DYKE, GARDNER, LINN & BURKHART, L.L.P

Date: December 19, 2005

By 

Timothy A. Flory, Registration No. 42 540

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PAGE 2/10 * RCVD AT 12/19/2005 4:13:03 PM [Eastern Standard Time] * SVR:USPTO-EXRF-6/34 * DNI:2738300 * CSID:6169885894 * DURATION (mm:ss):02:34

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|---|---|-----------------|---|------------------|-------------------------|---|---------|---|
| Total Claims | * 6 | Minus | ** 10 | = 0 | x \$25 | \$ 0.00 | x \$50 | \$.00 |
| Independent Claims | ** 1 | Minus | *** 3 | = 0 | x \$100 | \$ 0.00 | x \$200 | \$.00 |
| First Presentation of Multiple Dependent Claims | | | | | \$180 | \$.00 | x \$360 | \$.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | | \$ 0.00 | | \$.00 |

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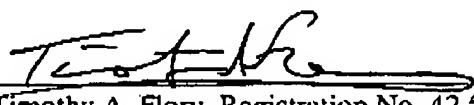
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Dear Sir or Madam:

RESPONSE

Responsive to the Office Action mailed September 19, 2005, Applicants wishes to amend the application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 4 of this paper.